EXPRESS MAIL NO. EV529817545US

TO E	Complete if Known								
Fees pyrsuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006				Application			09/724,902		
				Filing Date	Filing Date		November 28, 2000		
				First Named Inventor		Kenneth H. Abbott			
					Examiner Name		Viet Duy Vu		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2154			
AMOUNT C	AMOUNT OF PAYMENT (\$)					Attorney Docket No. 890057.402			
METHOD OF PAYN	/IENT (check a	II that apply)							
Check Credit Card Money Order Other (please identify):									
Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
					Charge fee(s) indicated below, except for the filing fee				
☑ Charge ar	☐ Charge any	narge any underpayments or credit any overpayments							
of fee(s) u Warning: Information on authorization on PTO-203			it card information	should not be inclu	uded on this fo	rm. Provide credi	t card infor	mation and	
FEE CALCULATIO	N (All the fee	s below are d	ue upon filin	g or may be su	ubject to a	surcharge.)			
1. BASIC FILING,	`		<u> </u>		······ · ···				
	FILING FEES SEARC				1 FFFS =		NATION EES		
	Small Entity			Small Entity	Small Entity		Small Entity		
Application Type	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee	es Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM	I FEES							Small Entity	
Fee Description						<u> </u>	- ee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent c	laims						360	180	
Total Claims	Total Claims				(\$)	Multiple	Multiple Dependent Claims		
10.5 -20 or HF	<u>105</u> -20 or HP = <u>18</u> X <u>25</u> =				\$450.		Fee (\$) Fee Paid (\$)		
HP = highest number	er of total clain	ns paid for, if g	reater than 20).					
Indep. Claims	Extra Cla	aims [Fee (\$)	Fee Paid	<u>(\$)</u>				
$18 - 3 \text{ or HP} = 3 \times 100 = $300.$									
HP = highest number	er of independe	ent claims paid	d for, if greate	r than 3.					
3. APPLICATION S	SIZE FEE								
If the specification a under 37 CFR 1.52(thereof. See 35 U.S	(e)) the applica	ation size fee d	lue is \$250 (\$	(excluding elec 125 for small e	tronically fil ntity) for ea	ed sequence ch additional (or compt 50 sheets	uter listings s or fraction	
Total Sheets	Extra She	<u>eets</u> <u>Num</u> /50 =		additional 50 o		<u>thereof</u> <u>Fe</u> x	e (\$)	Fee Paid (\$)	
4. OTHER FEE(S)			,	•	,		 i	Fees Paid (\$)	
	cation \$130 fe	ee (no small er	ntity discount)				-		
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 3 Mo. Extension of Time Fee 510									
								395 .	
12~ 12~	ormer							<u></u>	
SUBMITTED BY					-		,		
			Rec	istration No.	42.005	Talarhaa	200.00	2 4000	
Signature	Signature (Attor				43,985	Telephone		2-4900 	
Name (Print/Type)	ames A. D.	White				Date	July 3,	2006	